


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90018 013 ***150.00

DOCUMENT # P98000056073	
1. Entity Name JEFF NELSEN CONSTRUCTION, INC.	

Principal Place of Business 1836 7TH AVE NORTH LAKE WORTH FL 33461	Mailing Address 1836 7TH AVE NORTH LAKE WORTH FL 33461
--	--



2. Principal Place of Business - No P.O. Box # 1360 Hill N Dale Dr. So.	3. Mailing Address 1360 Hill N Dale Dr. So.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

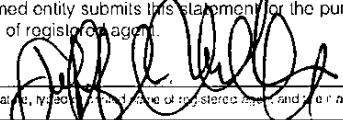
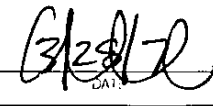
City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32317	Zip 32317
Country USA	Country USA

4. FEI Number 65-0883702	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent NELSEN, JEFFREY R 1126 NORTH LAKESIDE DRIVE LAKE WORTH FL 33460	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	SIGNATURE 
<small>Signature of Nelson, Nelsen, or name of registered agent and is not applicable</small>	<small>(NOTE: Registered Agent signature required when terminating)</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS																			
<table border="1"> <tr> <td>NAME</td> <td>D NELSEN, JEFFREY R</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1126 NORTH LAKESIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WORTH FL 33460</td> <td></td> </tr> </table>	NAME	D NELSEN, JEFFREY R	<input type="checkbox"/> Delete	STREET ADDRESS	1126 NORTH LAKESIDE DRIVE		CITY-STATE-ZIP	LAKE WORTH FL 33460		<table border="1"> <tr> <td>NAME</td> <td>PVST NELSEN, JEFFREY R</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1126 NORTH LAKESIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>LAKE WORTH FL 33460</td> <td></td> </tr> </table>	NAME	PVST NELSEN, JEFFREY R	<input type="checkbox"/> Delete	STREET ADDRESS	1126 NORTH LAKESIDE DRIVE		CITY-STATE-ZIP	LAKE WORTH FL 33460	
NAME	D NELSEN, JEFFREY R	<input type="checkbox"/> Delete																	
STREET ADDRESS	1126 NORTH LAKESIDE DRIVE																		
CITY-STATE-ZIP	LAKE WORTH FL 33460																		
NAME	PVST NELSEN, JEFFREY R	<input type="checkbox"/> Delete																	
STREET ADDRESS	1126 NORTH LAKESIDE DRIVE																		
CITY-STATE-ZIP	LAKE WORTH FL 33460																		
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Delete	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Delete																	
STREET ADDRESS																			
CITY-STATE-ZIP																			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP			<table border="1"> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table>	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-STATE-ZIP		
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																	
STREET ADDRESS																			
CITY-STATE-ZIP																			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Jeff Nelsen	3/28/7	850-570-4930
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>